Missouri
Office of The State Long-Term Care Ombudsman Program

Annual Report
Federal Fiscal Year 2005

Carol J. Scott
State Long-Term Care Ombudsman
Missouri Department of Health and Senior Services

For more information or to secure the services of an Ombudsman

WRITE OR CALL

Department of Health and Senior Services
State Office of Long-Term Care Ombudsman
P.O. Box 570
Jefferson City, MO 65102

1-800-309-3282

For hearing impaired, call RELAY MISSOURI
Text telephone: 1-800-735-2966
Voice: 1-800-735-2466

An Equal Opportunity/Affirmative Action Employer

Services Provided on a nondiscriminatory basis.

This report was made possible in part by the Older Americans Act.

This publication may be provided in alternative formats such as Braille, large print or audiotape by contacting **1-800-309-3282** or visit: http://www.dhss.mo.gov/Ombudsman

Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Julia M. Eckstein
Director

Matt Blunt
Governor

Office of the Long-Term Care Ombudsman Program

P.O. Box 570, Jefferson City, MO 65102
1-800-309-3282 Fax: 573-526-4314

June 2006

The Missouri Long-Term Care Ombudsman Program (LTCOP) continues to advocate on behalf of over 55,000 elderly and disabled Missourians in long-term care facilities. This past year, the nineteen paid staff and over three hundred volunteers in the program have answered thousands of questions, provided consultations to hundreds of people and made a difference in the lives of countless residents.

This report contains not only the statistics gathered by the Ombudsman, but it also contains information about the program and its purpose. The LTCOP is part of a national program, funded by state and federal funds, which works toward ensuring that long-term care residents are afforded their rights and that their quality of life is the best it can be.

Many residents of these facilities do not have regular visitors, and the Ombudsman becomes a valued, trusted friend. Other residents have questions or concerns that the Ombudsman answers and/or attempts to resolve.

Outside the facilities, the LTCOP participates in many groups to ensure that the voice of the resident is heard. Through both individual advocacy and systemic advocacy, the LTCOP works to ensure that these citizens' concerns and questions are addressed.

In this, our 29th year, I thank all the staff and volunteers who are speaking out on behalf of others. Please feel free to contact the program if you have questions, would like to find out about volunteer opportunities or have concerns about a resident in a long-term care facility.

Sincerely,

Carol J. Scott
Missouri State Long-Term Care Ombudsman

Table of Contents

Historical Overview

The federal Long-Term Care Ombudsman Program was first initiated in 1971, in order to improve the quality of care in America's nursing homes and to respond to complaints submitted to the White House and the Department of Health, Education and Welfare about abuse and neglect of nursing home residents.

In December 1971, Congress appropriated funds for the establishment of nursing home ombudsman demonstration projects to focus on complaint resolution in nursing homes. The first contracts for the projects were awarded in 1972.

In 1975, the federal Administration on Aging invited the nation's state agencies on aging to submit proposals for grants to expand the development of ombudsman programs nationwide. The Administration on Aging (AoA), located in the United States Department of Health and Human Services, is the federal agency charged with responsibility for coordinating programs that benefit the elderly. AoA allocates the funds authorized under the Older Americans Act. AoA is responsible for enforcing program priorities and allocation standards established by Congress.

In addition, states were encouraged to rely on volunteer — rather than paid — ombudsmen. This focus reflected the Administration on Aging's belief that locally-based complaint resolution and resident advocacy programs would provide the most effective services to those who needed them.

1978 amendments to the *Older Americans Act* significantly strengthened the Ombudsman Program by requiring every state to have a program and specifically define ombudsman functions and responsibilities. State agencies on aging were required to establish an Ombudsman Program which would carry out the following activities:

- Investigate and resolve long-term care facility resident complaints;
- Promote the development of citizen organizations and train volunteers;
- Identify significant problems by establishing a statewide reporting system for complaints, and work to resolve these problems by bringing them to the attention of appropriate public agencies;
- Monitor the development and implementation of federal, state, and local long-term care laws and policies;
- Gain access to long-term care facilities and to resident records; and
- Protect the confidentiality of resident records, complainants' identities, and ombudsman files.

The 1981 reauthorization of the *Older Americans Act* further expanded the ombudsman duties by including personal care homes (or residential care facilities) to the ombudsman's realm of responsibilities. The name was changed from Nursing Home Ombudsman to Long-Term Care Ombudsman to reflect the duty expansion.

In 1987, amendments to the *Older Americans Act* made substantive changes which resulted in significant improvements to the Program's ability to advocate on behalf of residents of long-term care facilities, including:

- Ombudsman access to residents and resident records;
- Immunity to ombudsmen for the good faith performance of their duties; and
- Prohibitions against willful interference with the official duties of an ombudsman and/or retaliation against an ombudsman, resident, or other individual for assisting the Program in the performance of its duties.

The 1992 reauthorization of the *Older Americans Act* created Title VII - Allotments for Vulnerable Elder Rights Protection Activities.

Title VII strengthens the advocacy roles of the states on behalf of vulnerable older adults and notes the elder rights activities to be carried out by each state, including Ombudsman Programs.

Missouri History

In early 1978, the Missouri "Office of Aging" established a position of State Ombudsman to develop and implement the Ombudsman Program throughout the state. The first Ombudsman Program in Missouri began in 1978 , which grew to nine regional programs and the state office within the next few years.

The Missouri Long-Term Care Ombudsman Program was signed into law in 1991. It establishes the Office of the State Long-Term Care Ombudsman for the purpose of helping to assure the adequacy of care received by residents of long-term care facilities and to improve the quality of life experienced by them, in accordance with the federal Older Americans Act, 42 U.S.C. 3001, et seq.

The staff of the Office works with Area Agencies on Aging, or contracted community agencies, to establish local long-term care ombudsman programs and recruit and train volunteers to serve as Ombudsman Volunteers.

Program Purpose

Statement of Overall Program Policy

It is important to understand the Ombudsman Program does not have enforcement powers of its own and is not a regulatory agency in any sense. Trust and confidence can be maintained only as long as residents, nursing facilities, agencies and the public know the ombudsman has no vested interest in any given case. The ombudsman's only interest is ensuring long-term care residents are able to freely exercise their rights.

Missouri Ombudsman Program Mission Statement and Goals

The mission of Missouri's Long Term Care Ombudsman Program is: To improve the quality of life for residents of long-term care facilities through advocacy and education. The goals of the program are :

- To provide ombudsman services to all residents of all long-term care facilities in Missouri, including Veterans Administration Nursing Homes.
- To advocate for residents rights.
- To provide community education regarding long-term care facility issues.

This is the task set before each ombudsman. These goals will help to ensure and maintain the best quality life possible for all residents in long-term care facilities.

To achieve these goals ombudsmen:

- Make sure all residents are informed of their rights as established by law.
- Strive to empower residents and/or help to resolve all complaints at the facility level through the involvement of all concerned parties.
- Relay non-confidential information to the community on residents needs and concerns.

Quality of Life

Quality of Life refers to elements which make life worth living. The components by which quality of life would be measured are not all quantifiable. Needs vary from individual to individual.

Major Cornerstones

The focus of the ombudsman efforts is resident-initiated complaints. While complaints may be made on behalf of residents by other individuals, care is taken that such complaints accurately reflect the concerns of the resident. Complaints are received in the strictest of confidence.

Investigation/resolution is not attempted without the resident's permission unless the problem affects a number of residents and can be approached in a generic sense without breaching confidentiality.

To resolve issues at the lowest possible level. Ombudsmen work within the system to make the system work for residents. No problem is too big or too small for an ombudsman to deal with. Ombudsmen can often solve problems before they become serious.

A key in this program is the word "empower." To empower is to enable or permit some action. Ombudsmen look for ways to empower residents to help themselves. It would be ironic if this very system, set up to ensure that residents know their rights and maintain their dignity, became part of the problem. Mediating a situation is just as important a function as is being an advocate.

What is an Ombudsman?

The word ombudsman (om-budz-man) is of Swedish origin and means one who speaks on behalf of another. The Missouri Long-Term Care (LTC) Ombudsman Program is comprised of individuals whose main responsibility is to help residents in long-term care facilities maintain or improve their quality of life by helping ensure their rights are not violated.

Ombudsman Roles

The ombudsman has many different roles that may be applicable:

1. **Facilitator:** Helps people formulate or simplify problems and complaints.
2. **Educator:** Provides learning materials and educational brochures to facility staff, families, residents and the community at large, thus encouraging self-help and problem solving.
3. **Broker:** Makes referrals and monitors the referral to see that the problem is solved.
4. **Intermediary:** Promotes communication among those involved in a problem concerning long-term care.
5. **Collaborator:** Works with residents and staff toward mutually beneficial solutions.
6. **Mediator:** Brings together all pertinent individuals to arrive at an agreement or a compromise.
7. **Advocate:** Act on behalf of someone else.
8. **Investigator:** Gathers pertinent information from many sources. It is particularly important to evaluate the facts impartially.
9. **Problem solvers:** Brings about resolutions to problems or complaints concerning various aspects of long-term care.

Ombudsman Program Organization

Missouri Ombudsman Program Structure

The Missouri Department of Health and Senior Services (DHSS) is the hub for state advocacy services on behalf of the elderly.

The DHSS houses the Missouri Long-Term Care Ombudsman Program. The office of the State Long-Term Care Ombudsman (LTCO) is the highest reporting authority for the state and regional ombudsman programs. The State Long-Term Care Ombudsman coordinates the activities between the DHSS, the Regional Ombudsmen and the local ombudsmen volunteers. The State Long-Term Care Ombudsman works with advocacy groups, associations, and other interested agencies for the purpose of promoting the ombudsman program.

Missouri's ten Area Agencies on Aging administer the program on the local level by designating someone as the regional ombudsman coordinator. This coordinator may be an Area Agency on Aging staff person or may be a person who contracts with the area agency. Responsibilities of the coordinator include: ensuring ombudsman coverage to all long-term care facilities in their area; providing education regarding nursing facilities to the community in their region; and investigating and resolving complaints brought to them by residents or other people on behalf of residents.

The State Long Term Care Ombudsman is the contact for all ombudsman activities in the state. Changes on policies, regulations, reporting requirements, or information updates are primarily via the State Ombudsman. The Regional Ombudsman Coordinators attend quarterly meetings hosted by the State Ombudsman. This meeting is used to exchange information and provide in-service training.

The program staff of the nine regional programs are responsible for ensuring coverage in all facilities in their service area. The regional programs (the Area Agencies on Aging or their contracted service providers) utilize volunteers to assist with this task. Following screening and training, the ombudsman is assigned to a facility. The ombudsman receives orientation to the facility and its procedures, prior to making regular contact with the residents.

Having an ombudsman assigned to a particular facility provides the most accessible means of complaint resolution. Missouri's Long-Term Care Facility Regulations include resident access to the services of an ombudsman, 19 CSR 30-88.010-2(18).

The program seeks to diminish the sense of isolation experienced by residents, especially those without family. The ombudsman can assist the resident in achieving a sense of self determination. Ombudsmen strive to reinforce the importance of resident rights. While residents are provided information regarding their rights upon admission, the ombudsman is there as the resident adjusts to the facility to reiterate those rights and offer assistance in exercising those rights.

Even though facilities are required to have a grievance procedure, residents may be hesitant to voice concerns/complaints to a facility staff person for any number of reasons, i.e. fear of retaliation if the complaint was directed at a staff member. However, since ombudsmen are often members of the community and not tied to the facility, they are perceived as more objective/receptive to complaints.

Residents may even initially hesitate to register a complaint with an ombudsman; however, one of the advantages of the volunteer program model is that it enables the ombudsman to become a trusted friend over a period of time. By regular contact with residents the ombudsman becomes a confidant. The resident is assured of confidentiality, and the ombudsman will not pursue a complaint without the resident's permission.

Once the Ombudsman gains the resident's confidence, he/she may be able to provide encouragement and information to allow the resident to handle the complaint her/himself or the ombudsman may be asked to speak on behalf of the resident to administration and/or to other parties regarding any problems. The ombudsman provides prompt feedback to the resident regarding efforts to resolve complaints.

The Volunteer Ombudsman at the local level is always encouraged to solve problems at their own level. If the situation warrants it, the Regional Ombudsman Coordinator can be called upon to assist. The Regional Ombudsman Coordinator is able to call upon the State Ombudsman to assist in the situation when specific technical information is needed, the problem is a system-wide problem or added authority needs to be lent to the situation.

The chart below shows the types of long-term care facilities for which the State Long Term Care Ombudsman Program has legal jurisdiction to provide services to residents.

TYPE OF FACILITY	NUMBER OF FACILITIES		NUMBER OF BEDS	
Skilled Nursing Homes	498		54,377	
Intermediary Care Facilities	41		2,411	
Residential Care Facilities II	360		15,222	
Residential Care Facilities I	270		6,302	
Veterans Homes	7		1,350	
	TOTAL		TOTAL	
	1,176		79,662	
*Dept. of Health & Senior Services: Section for Long-Term Care, September 2005				
**Missouri Veterans Commission, March 2005				

Ombudsman Program Services

Type of Staff	Measure	State Office	Local Programs
Paid Staff	FTE	3	10
Paid Clerical Staff	FTE	1	3.35
Volunteers	Number of Vol.	0	300

Activity	Measure	State	Local
Training for staff	Sessions	33	125
	Hours	218	681
Trainees		248	680
Tech Assistance	% of staff time	30%	40%
Training for facility staff	Sessions	5	80
	Topic 1	Ombudsman Program	Resident Rights
	Topic 2	Resident Rights	Ombusdman Program
	Topic 3	Culture Change	Transfer/Discharge Regulations
Consultation to facilities	Consults	58	830
	Topic 1	Discharge Regulations	Resident Rights
	Topic 2	Family Discord	Ombusdman Program
	Topic 3	Legal Issues	Transfer/Discharge Regulations

Activity	Measure	State	Local
Information and Consults	Consults	264	1,513
to Individuals	Topic 1	Medicare/Medicaid	Choosing a facility
	Topic 2	Advocating for Quality Care	Transfer/Discharge
	Topic 3	Choosing a Facility	Guardianship
Resident Visitation	No. NF Visited	1	505
	No. RCF visited	0	259
Participation in surveys	No. Surveys	0	174
Work with Resident Councils	No. Meetings attended	0	214
Work with Family Councils	No. Meetings attended	0	44
Community Education	No. Sessions	4	83
Work with media	No. of interviews	17	9
	No. of press releases	8	13
Monitoring Laws and Regulations	% time	5%	5%

Technical Assistance - Consultation to the General Public

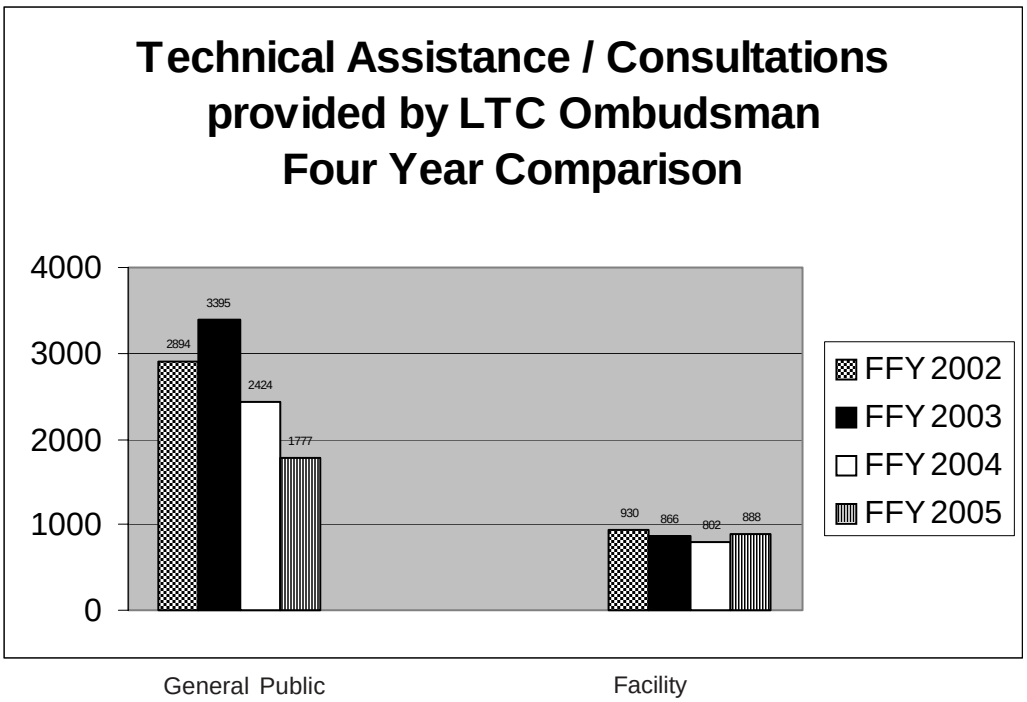
Ombudsman provided technical assistance consultations to 1,777 individuals from October 2004 to September 2005 (federal fiscal year 2005). The information most frequently requested was:

- Medicare/Medicaid Questions.
- How to Advocate When Poor Care Occurs.
- How to Choose a Long-Term Care Facility.

Technical Assistance - Consultations to Nursing Homes and Residential Care Facilities

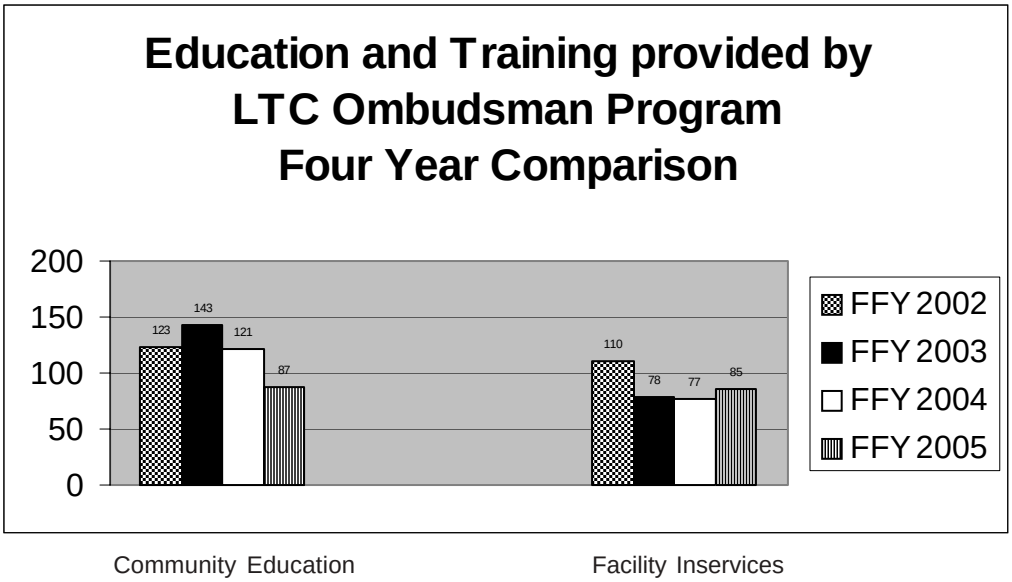
The LTC Ombudsman Program responded to 888 consultation requests during federal fiscal year 2005 from long-term care facilities regarding resident care issues such as:

- Facility Transfer and Discharge Questions.
- Family Discord.
- Legal Issues: Durable Powers of Attorney and Guardianship.



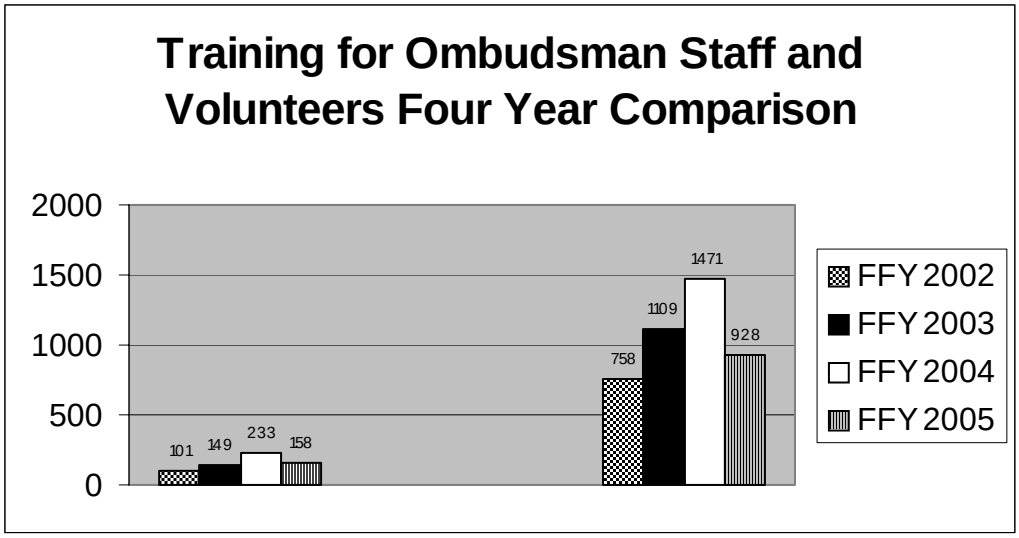
Education and Training for the Community and Facility Staff

The Long-Term Care Ombudsman Program provided 87 community education sessions and 85 facility inservices. Topics of trainings included: Resident Rights and the LTC Ombudsman Program.



Training for Ombudsman Staff and Volunteers

Many new Volunteer Ombudsman were trained by the Regional Program staff as the program continues to work towards the goal of weekly coverage by an ombudsman in every nursing home. Volunteers also attended quarterly training meetings in each of the nine Regional Programs. The state office provided the Annual Volunteer Training Conference in the spring of 2005.



Overview of the Past Year

The challenges faced this year by the residents of long-term care facilities and their advocate, the Long-Term Care Ombudsman Program, were both new and old. New challenges included anticipation of the new Medicare Part D drug prescription program and what impact that might have on residents. Old challenges included ensuring that facility staff follows the regulations when involuntarily discharging a resident from their facility.

The LTC Ombudsman Program continues to face an uphill struggle of being readily accessible to residents due to a lack of volunteers and staff. And, as the population of our nursing facilities becomes more frail, the complexity of cases has increased. Issues dealing with end-of-life care, hard to place residents such as registered sex offenders, people on ventilators and severely obese residents, and family discord has resulted in regional LTC Ombudsman staff having to do more in-depth casework. The result is less time to recruit and train new volunteers.

A major frustration is the number of systemic issues that are not being addressed, i.e. mental health needs of residents living in Residential Care Facilities, residents being involuntarily discharged from skilled facilities who state they cannot meet the resident's needs and ensuring that residents, family and the community at large are aware of the rights of residents.

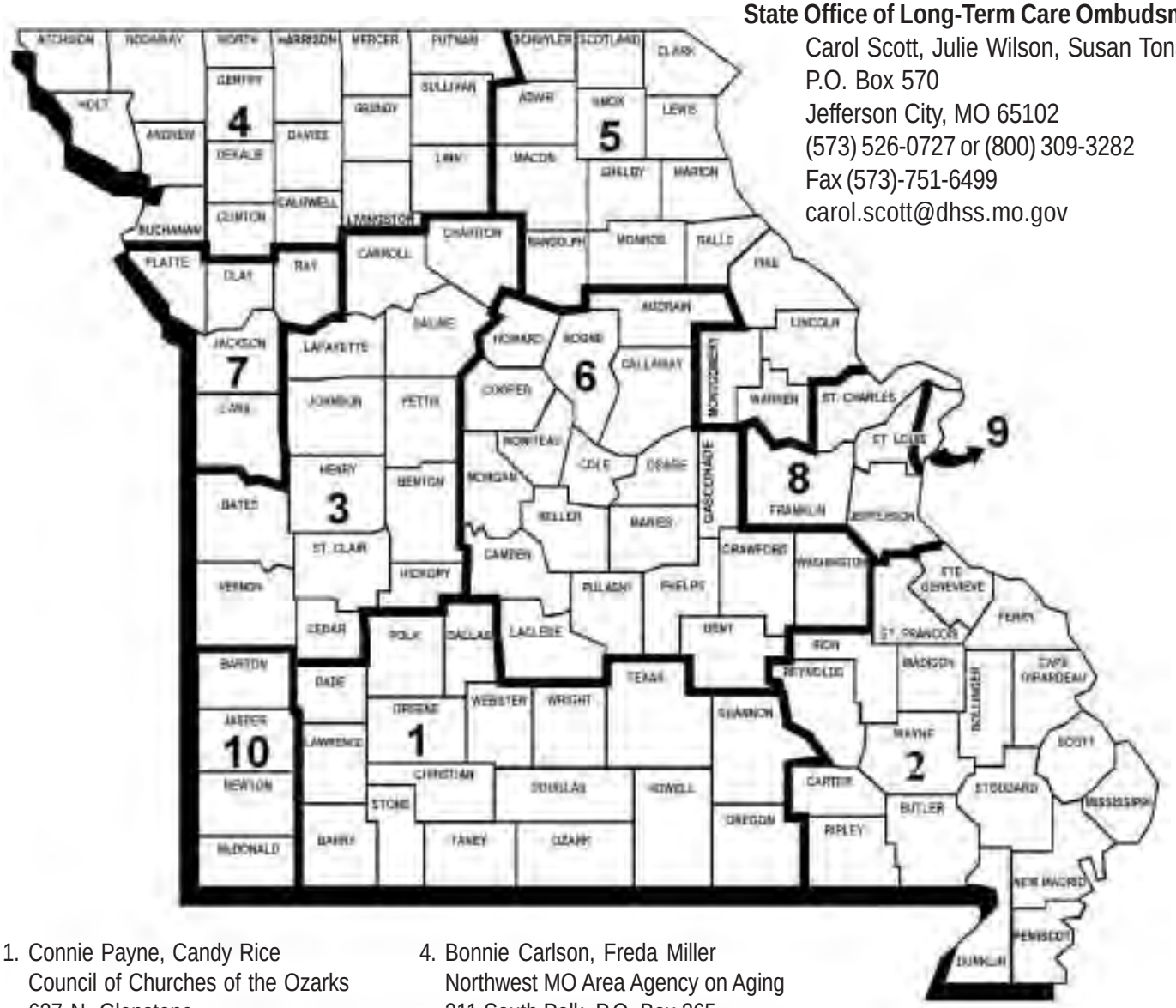
Readers will see that while some of the activities of the LTCOP increased in 2005 (consultations to facilities), many numbers decreased (consultations to individuals, community education sessions, etc.). Staff are looking at ways to involve volunteers more in some of these activities.

Systemic Advocacy

During 2005, the state office staff have worked on many statewide and national initiatives, coalitions and task forces, including:

- Missouri End-of Life Coalition
- Emergency Preparedness Task Force
- National work with the National Association of State LTC Ombudsman Programs (Board of directors and Chair of the Federal Law Committee)
- Best Practices Symposium
- Elder Health White Paper Task Force
- National Nursing Home Regulations Work Group
- Nursing Home/Home Care Abuse/Neglect Task Force
- Nursing Home Quality Initiative Strategic Planning Committee
- Missouri Coalition Celebrating Care Continuum Change (MC5) (individualized care)
- Adverse Action Committee of the Section for Long Term Care (keeping track of facilities that continue to have unsuccessful surveys)
- Aging Federation
- SORT (Medicare Fraud Program) Advisory Committee
- CLAIM (Mo Health Insurance Assistance Program) Advising Committee

Missouri Long-Term Care Ombudsman Program



State Office of Long-Term Care Ombudsman
Carol Scott, Julie Wilson, Susan Tonarely
P.O. Box 570
Jefferson City, MO 65102
(573) 526-0727 or (800) 309-3282
Fax (573)-751-6499
carol.scott@dhss.mo.gov

1. Connie Payne, Candy Rice
   Council of Churches of the Ozarks
   627 N. Glenstone
   P.O. Box 3947 G.S.
   Springfield, MO 65808
   (417) 862-3598 FAX: (417) 862-2129

2. Lois Nelson
   Southeast MO Area Agency on Aging
   1219 N. Kingshighway, Suite 100
   Cape Girardeau, MO 63701
   (573) 335-3331 or (800) 392-8771
   FAX: (573) 335-3017

3. Kathy Ray Smith, Karen Cairer
   Care Connection for Aging Services
   106 W. Young St., P.O. Box 1078
   Warrensburg, MO 64093
   (660) 747-3107 FAX: (660) 747-3100

4. Bonnie Carlson, Freda Miller
   Northwest MO Area Agency on Aging
   211 South Polk, P.O. Box 265
   Albany, MO 64402
   (660) 726-3800 FAX: (660) 726-4113

5. Richard Cavanagh, Carol Keefe
   LTC Ombudsman Program
   8702 Manchester Road
   P.O. Box 248
   Brentwood, MO 63144
   (886)918-8222 FAX: (314)918-9188

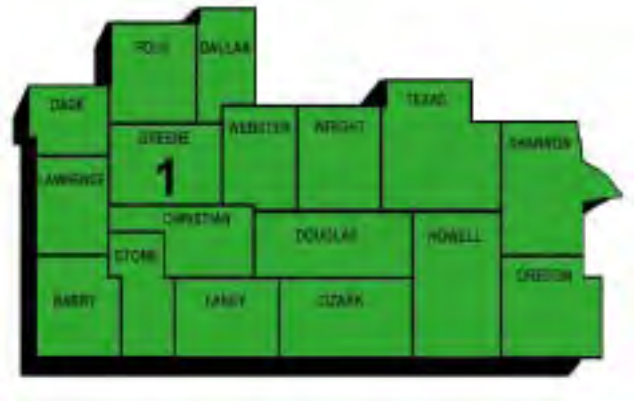
6. Beth Simpson, Alice Jackson
   Nicole King
   Central MO Area Agency on Aging
   1121 Business Loop 70 E., Suite 2A
   Columbia, MO 65201
   (573) 443-5823 FAX: (573) 875-8907

7. Michelle Brown, Susan Lundquist
   Mid-America Regional Council
   300 Rivergate Ctr., 600 Broadway
   Kansas City, MO 64105-1536
   (816) 474-4240 FAX: (816) 421-7758

8/9. Richard Cavanagh, Cheryl Wilson,
   Alice Anderson
   LTC Ombudsman Program
   8702 Manchester Road
   Brentwood, MO 63144
   (314) 918-8222 FAX: (314) 918-9188

10. Juanita Amall
    The Vantage Point
    P.O. Box 3990
    Joplin, MO 64803
    (417) 781-7562 FAX: (417) 781-1609

Connie Payne, Candy Rice
Council of Churches of the Ozarks
Long Term Care Ombudsman Program
627 N. Glenstone
P.O. Box 3947 G.S.
Springfield, MO 65808
(417) 862-3598 FAX: (417) 862-2129



Council of Churches of the Ozarks	
Number of Staff	2
Number of Volunteers	32
Number of NH Facilities	65
Number of RCF Facilities	79
Number of NH Beds	6644
Number of RCF Beds	2660
Consultations to Facilities	193
Community Education Sessions	23

Lois Nelson
Southeast MO Area Agency on Aging
1219 N. Kingshighway, Suite 100
Cape Girardeau, MO 63701
(573) 335-3331 or (800) 392-8771
FAX: (573) 335-3017

Helen doesn't really remember how she became an Ombudsman. She thinks it may have been through an ad or on TV through RSVP. When asked what keeps her going year after year, she says it is the people. There is a place in her heart for people in the nursing homes. Helen feels the great need for more volunteer Ombudsmen to keep the program going.

Margaret used to take her mother to visit the nursing home. She remembers residents strapped in their chairs, always reaching out to touch her mother's hand. When Margaret saw an ad by the Kellogg Foundation regarding being an ombudsman in a nursing home, she decided to check it out. She became an ombudsman in remembrance of her mother. She is rewarded by the resident's smile when she enters their rooms. Margaret says the residents always notice her socks—look to see which ones she has on that day (she wears colorful ones with designs/figures). It is such a little thing, but it means so much to the residents.

Southeast MO Area Agency on Aging	
Number of Staff	1
Number of Volunteers	41
Number of NH Facilities	65
Number of RCF Facilities	108
Number of NH Beds	5807
Number of RCF Beds	3150
Consultations to Facilities	84
Community Education Sessions	21

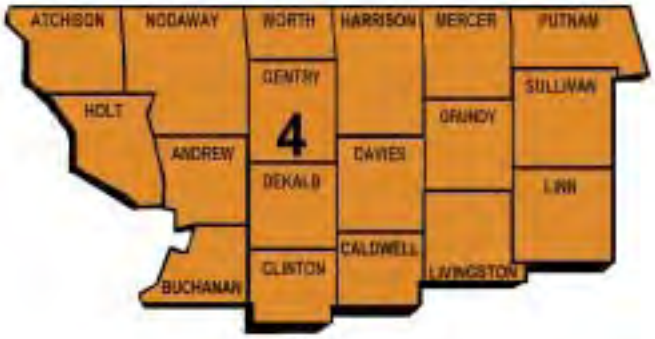
Kathy Ray Smith, Karen Cairer
Care Connection for Aging Services
106 W. Young St., P.O. Box 1078
Warrensburg, MO 64093
(660) 747-3107 FAX: (660) 747-3100

Bob and Dorothy have been with the Long Term Care Ombudsman Program with Care Connection for Aging Services since 1994. This wonderful couple have provided caring advocacy for the residents of Johnson County Care Center for the past 12 years. The residents of that facility are always looking for "Bob and Dottie" to walk through the door. Many times they are the only visitors many of the residents see. You can see the joy as all the residents' faces light up when Bob and Dottie visit the facility.

Bob and Dotty also visit residents at the Missouri Veterans Home and Mooreview Residential Care Center in addition to helping to manage the Food Center. They are both very active with their church, AARP and the American Legion. The couple are a true blessing to our whole community as well as to the Long Term Care Ombudsman Program.

Care Connection for Aging Services	
Number of Staff	2
Number of Volunteers	48
Number of NH Facilities	39
Number of RCF Facilities	42
Number of NH Beds	3525
Number of RCF Beds	1180
Consultations to Facilities	14
Community Education Sessions	7

Bonnie Carlson, Freda Miller
Northwest MO Area Agency on Aging
211 South Polk, P.O. Box 265
Albany, MO 64402
(660) 726-3800 FAX: (660) 726-4113



Northwest MO Area Agency on Aging	
Number of Staff	2
Number of Volunteers	15
Number of NH Facilities	45
Number of RCF Facilities	48
Number of NH Beds	3852
Number of RCF Beds	1210
Consultations to Facilities	81
Community Education Sessions	3

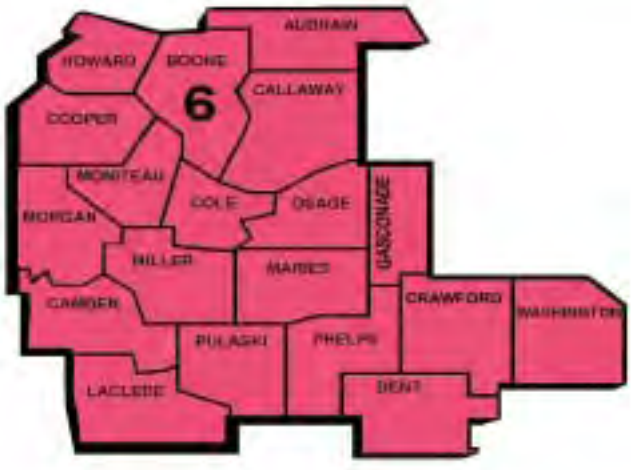
Richard Cavanagh, Carol Keefe
LTC Ombudsman Program
8702 Manchester Road
Brentwood, MO 63144
(866) 918-8222 FAX: (314) 918-9188

LTC Ombudsman Program	
Number of Staff	1
Number of Volunteers	7
Number of NH Facilities	43
Number of RCF Facilities	41
Number of NH Beds	3550
Number of RCF Beds	1189
Consultations to Facilities	10
Community Education Sessions	5

Beth Simpson, Alice Jackson
Nicole King
Central MO Area Agency on Aging
1121 Business Loop 70 E. Suite 2A
Columbia, MO 65201
(573) 443-5823 FAX: (573) 875-8907

Vince has been an ombudsman for the Central Missouri AAA Ombudsman Program for less than a year, but he executes the ombudsman role in a very professional manner. He wrote on his application that he learned from his late mother-in-law that elderly people "have many intangible gifts to share with visitors, as well as needs for which they require assistance from others." His weekly narratives of his visits prove that he listens carefully to residents' stories and that he is attentive to their needs. A reference stated during the screening process that Vince is a "trained listener and problem-solver " and that he would take lots of notes. His notes are both insightful and sensitive. Vince has resolved complaints regarding an overcrowded dining room, menu choices, a noisy toilet, and choice of appropriate activities, to name a few. He is often able to provide information and reassurance, putting residents at ease with their living situation. He recently wrote, "I love this work. I should be paying you to do it!"

Central MO Area Agency on Aging	
Number of Staff	3
Number of Volunteers	39
Number of NH Facilities	70
Number of RCF Facilities	91
Number of NH Beds	5583
Number of RCF Beds	2715
Consultations to Facilities	107
Community Education Sessions	7



Michelle Brown, Susan Lundquist
Mid-America Regional Council
300 Rivergate Ctr., 600 Broadway
Kansas City, MO 64105-1536
(816) 474-4240 FAX: (816) 421-7758

Mid-America Regional Council	
Number of Staff	2
Number of Volunteers	20
Number of NH Facilities	67
Number of RCF Facilities	69
Number of NH Beds	8322
Number of RCF Beds	2771
Consultations to Facilities	129
Community Education Sessions	7

Richard Cavanagh, Cheryl Wilson, Alice Anderson
LTC Ombudsman Program
8702 Manchester Road
Brentwood, MO 63144
(314) 918-8222 FAX: (314) 918-9188

LTC Ombudsman Program (#8)	
Number of Staff	3
Number of Volunteers	41
Number of NH Facilities	112
Number of RCF Facilities	82
Number of NH Beds	14636
Number of RCF Beds	4257
Consultations to Facilities	50
Community Education Sessions	25

LTC Ombudsman Program (#9)	
Number of Staff	2
Number of Volunteers	7
Number of NH Facilities	21
Number of RCF Facilities	34
Number of NH Beds	2914
Number of RCF Beds	1447
Consultations to Facilities	121
Community Education Sessions	3

Juanita Amall
The Vantage Point
P.O. Box 3990
Joplin, MO 64803
(417) 781-7562 FAX: (417) 781-1609

LeAnn has been an ombudsman for nineteen years. She and her husband, Bud, became volunteers after dealing with both of their mothers having Alzheimer's Disease. She has many stories to tell, not only in her volunteer life, but in her personal life as well. You see, she has a very interesting hobby. For 25 years, LeAnn has written devotionals to help others cope with Alzheimer's. Her publishing credits total over 1,100, including some fiction for children, how-to articles and numerous personality profiles. Bud and LeAnn especially enjoy being Ombudsman together and have shared years of special moments with their extended family. On one occasion, they brought along their small granddaughters who did an impromptu dance in the Alzheimer' unit. The residents were delighted. Both Bob and LeAnn are dedicated volunteers who are there for the residents, looking out for their rights and listening to their concerns. They give the resident's the strength to speak up or Bob and LeAnn speak for the residents when they cannot do so themselves.

The Vantage Point	
Number of Staff	1
Number of Volunteers	17
Number of NH Facilities	19
Number of RCF Facilities	29
Number of NH Beds	1848
Number of RCF Beds	924
Consultations to Facilities	41
Community Education Sessions	1

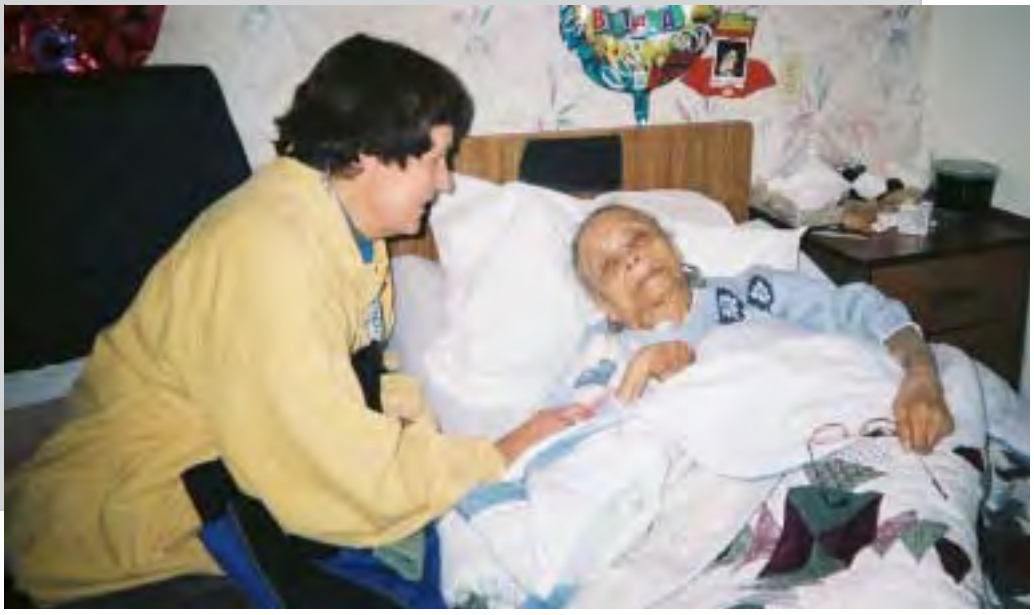
Overview of Complaint Highlights

The following pages contain information regarding the specific complaints received by the LTCOP. There are 133 categories of complaints that are tracked nationally. In Missouri, the top complaint for the past two years is the lack of attention residents receive when using their call lights. This complaint, in conjunction with the number 3 complaint (staff unresponsive, unavailable), continues to concern the LTCOP that facilities do not have enough staff to adequately meet the needs of the residents.

While the LTCOP is designed to focus most of its efforts on Quality of Life issues, the majority of complaints received deal with Quality of Care. The LTCOP works with individual facilities by bringing these issues to their attention. When the facility is not responsive, the LTCOP staff does pass on the concerns to the Division of Regulation and Licensure, Section for Long Term Care.

Of the 7,413 complaints received in 2005, it is estimated that 60% to 80% of the complaints/concerns that the Program receives could easily have been called in to the Elder Abuse Hotline. This means these complaints/concerns were regulatory in nature. The LTCOP's ability to resolve an issue quickly and to the satisfaction of the resident is a top priority of the program. The LTCOP resolved 74% of the complaints to the resident's full or partial satisfaction. This is an increase from 69% in 2004.

One note: In 2005, the numbers show more closed cases than opened cases. This occurred because one regional program went through their "open" cases from the past years and closed many of them.



FFY 2005 Complaint Highlights

Missouri Long-Term Care Ombudsman Program
Federal Fiscal Year 2005
October 2004 - September 2005

Top 10 Complaints

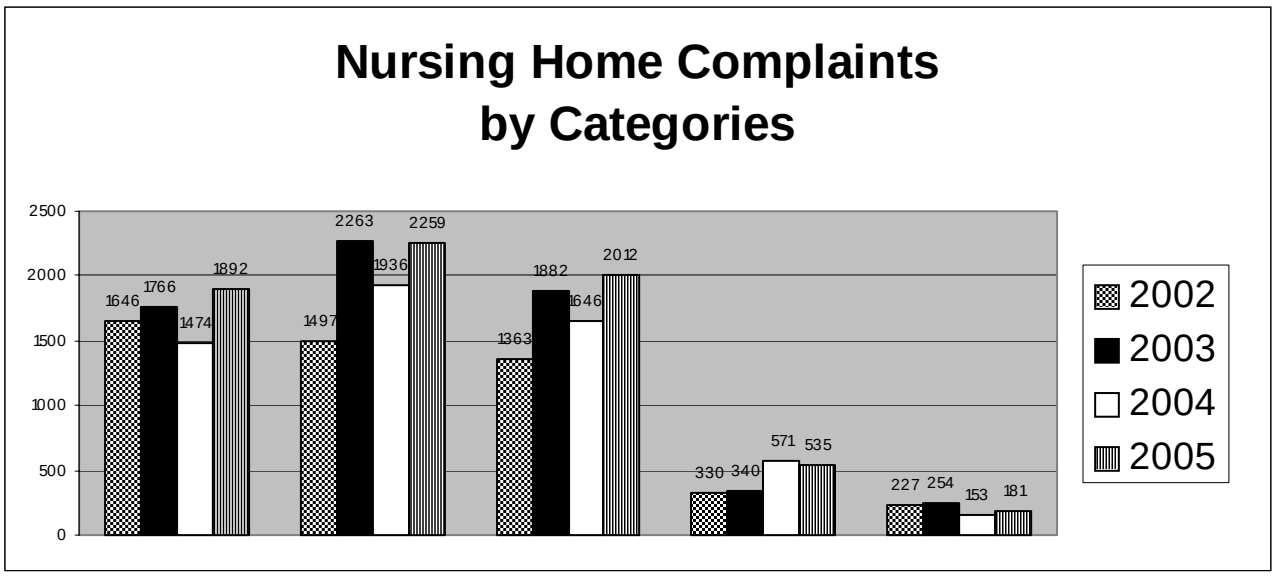
Nursing Homes

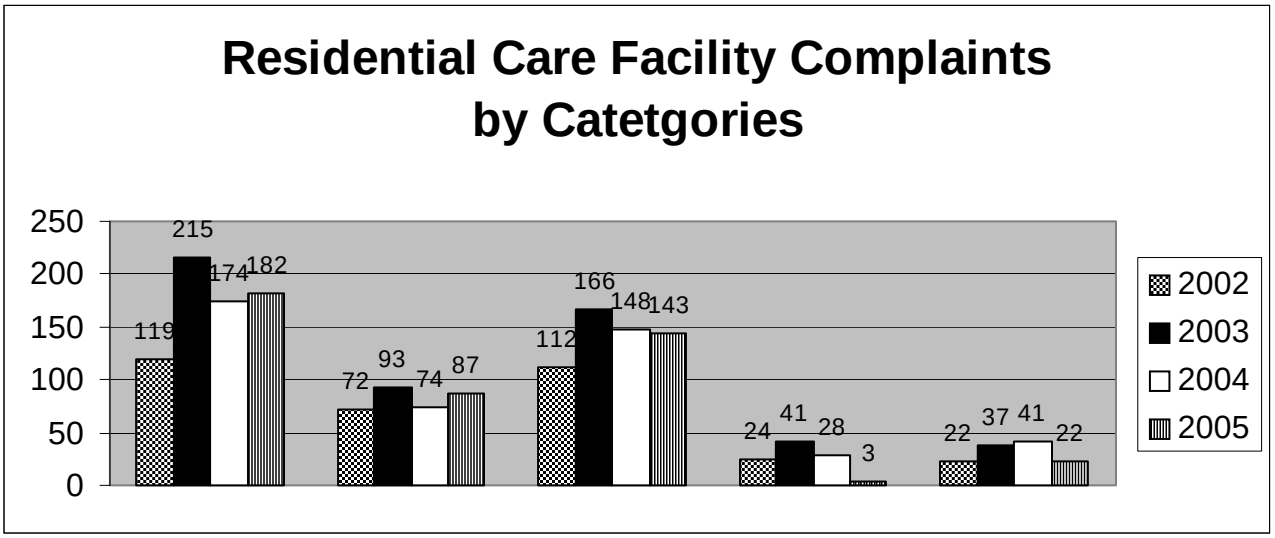
Complaint Category	Number of Complaints
#1 Call Lights, response to requests for assistance	598
#2 Menu-quantity, quality, variation, choice	437
#3 Staff unresponsive, unavailable	335
#4 Medications - administration, organization	327
#5 Personal property - lost, stolen, destroyed, etc.	308
#6 Dignity, respect - staff attitudes	305
#7 Exercise choice and/or civil rights	303
#8 Personal Hygiene	224
#9 Equipment/building	183
#10 Symptoms Unattended	167

Top 5 Complaints
Residential Care Facilities

Complaint Category	Number of Complaints
#1 Menu - quantity, quality, variation, choice, etc.	28
#1 Discharge/eviction- planning, notice, procedure	28
#2 Dignity, respect - staff attitudes	26
#3 Activities-choice and appropriateness	25
#4 Roommate Conflict	23

Complaint Highlights: A Four Year Comparison





STATE OF MISSOURI
ANNUAL LONG-TERM CARE OMBUDSMAN PROGRAM REPORT
FEDERAL FISCAL YEAR 2005

Cases, Complainants and Complaints

A. Total number of cases opened during reporting period:

5442

B. Number of cases closed, by type of facility/setting, which were received from the types of complainants listed below:

Complainants	Nursing Facility	RCF	Other Settings
Resident	5,045	332	5
Relative / Friend of resident	248	25	4
Non-Relative/Guardian	4	0	0
Ombudsman/Volunteer	116	6	0
Facility Administration	44	4	0
Other medical; Physician	4	1	0
Rep. of other health agency	6	0	0
Unknown / Anonymous	8	1	0
Other	3	0	0

Total number of cases closed during the reporting period:

5,856

C. For cases which were closed during the reporting period (those counted in B above), the total number of complaints received:

7,413

Ombudsman Complaint Categories

	Resident Rights	Nursing Facility	RCF
A. Abuse, gross neglect, exploitation			
1	Abuse, physical	60	0
2	Abuse, sexual	9	2
3	Abuse, verbal	42	5
4	Financial exploitation	13	3
5	Gross neglect	12	0
6	Resident-to-resident physical abuse	30	2
7	Other	8	0
B. Access to information by resident			
8	Access to own records	26	0
9	Access to ombudsman/visitors	11	1
10	Access to facility survey	1	0
11	Information regarding advance directives	2	0
12	Information regarding medical condition	40	5
13	Information regarding rights, benefits	113	10
14	Info communicated in understandable language	3	0
15	Other	9	0
C. Admission, transfer, discharge, eviction			
16	Admission contract/procedure	5	0
17	Appeal process	0	0
18	Bed hold - written notice, refusal to readmit	6	0
19	Dicharge/eviction - planning, notice	92	28
20	Discrimination in admission due to condition, disability	2	0
21	Discrimination in admission due to Medicaid status	0	0
22	Room assignment/room change/intra-facility transfer	108	4
23	Other	7	5
D. Autonomy, choice, preference, rights, privacy			
24	Choose personal physician, pharmacy	17	1
25	Confinement in facility against will	128	7
26	Dignity, respect, - staff attitude	305	26
27	Exercise preference/choice and or/civil/religious rights	303	19
28	Exercise right to refuse case/treatment	22	4
29	Language barrier in daily routine	4	0
30	Participate in care planning by resident or surrogate	11	0
31	Privacy - telephone, visitors	41	7

	Resident Rights - Con't	Nursing Facility	RCF
32	Privacy in treatment, confidentiality	13	4
33	Response to complaints	12	1
34	Reprisal, retaliation	18	3
35	Other	14	1
E. Financial, property (except for financial exploitation)			
36	Billing charges - notice, approval, wrong or denied	38	13
37	Personal funds - access/information denied	45	7
38	Personal property lost, stolen, used by others, destroyed	308	20
39	Confinement in facility against will	14	4
	Resident Care		
F. Care			
40	Accidental or injury of unknown origin, improper handling	140	8
41	Call lights, response to calls for assistance	598	10
42	Care plan/resident assessment	71	5
43	Contracture	0	0
44	Medication	327	18
45	Personal hygiene	224	6
46	Physician services	102	5
47	Pressure sores	17	0
48	Symptoms unattended	167	9
49	Toileting, incontinent care	127	1
50	Tubes - neglect of catheter, NG tube	13	0
51	Wandering, failure to accommodate/monitor	28	3
52	Other	41	2
G. Rehabilitating or maintenance of function			
53	Assistive devices or equipment	163	10
54	Bowel and bladder training	3	1
55	Dental Services	63	0
56	Mental health	15	1
57	Range of motion/ambulation	25	2
58	Therapies - physical, occupational, speech	70	2
59	Vision and hearing	54	2
60	Other	3	0
H. Restraints - chemical and physical			
61	Physical restraint	7	1
62	Psychoactive drugs	1	1
63	Other	0	0

	Quality of Life	Nursing Facility	RCF
I. Activities and social services			
64	Activities: choice and appropriateness	118	25
65	Community interaction/transportation	44	5
66	Resident/roommate conflict	154	23
67	Social services	57	3
68	Other	13	4
J. Dietary			
69	Assistance in eating or assistive devices	54	1
70	Fluid availability/hydration	219	5
71	Menu/food service	437	28
72	Snacks	79	3
73	Temperature	70	0
74	Therapeutic diet	39	2
75	Weight loss due to inadequate nutrition	12	2
76	Other	36	0
K. Environment			
77	Air/environment	152	8
78	Cleanliness, pests, general housekeeping	114	6
79	Equipment/building	183	17
80	Furnishings, storage for residents	29	0
81	Infection control	8	0
82	Laundry-lost, condition	81	4
83	Odors	67	6
84	Space for activities	0	0
85	Supplies and linens	46	0
86	Other	0	1
	Administration		
L. Policies, procedures, attitudes, resources			
87	Abuse investigation/reporting	3	1
88	Administrator unresponsive, unavailable	10	1
89	Grievance procedure	6	0
90	Inadequate record keeping	1	0
91	Insufficient funds to operate	0	0
92	Operator inadequately trained	3	0
93	Offering inappropriate level of care	4	0
94	Resident/Family council interfered with by facility	2	0
95	Other	0	0

Administration - Con't		Nursing Facility	RCF
M. Staffing			
96	Communication, language barriers	7	0
97	Shortage of staff	90	0
98	Staff training, lack of screening	37	0
99	Staff turn-over and overuse of nursing pools	11	0
100	Staff unresponsive, unavailable	335	1
101	Supervision	13	0
102	Other	13	0
	Outside Agencies, Systems		
N. Certification/Licensing Agency			
103	Access to information	1	0
104	Complaint, response to	3	1
105	Decertification/closure	0	0
106	Intermediate sanctions	0	0
107	Survey process	1	0
108	Survey process - ombudsman participation	0	0
109	Transfer or eviction hearing	0	1
110	Other	0	0
O. State Medicaid Agency			
111	Access to information, application	2	0
112	Denial of eligibility	1	0
113	Non-covered services	1	1
114	Personal needs allowance	4	1
115	Services	2	2
116	Other	2	0
P. Systems/Others			
117	Abuse/neglect/abandonment by family or friend	3	0
118	Bed shortage - placement	1	0
119	Board and care/regulation	0	0
120	Family conflict; interference	52	3
121	Financial exploitation by family	13	2
122	Legal - guardianship, POA, wills	90	11
123	Medicare	5	0
124	PASARR	0	0

	Outside Agencies, Systems - Con't	Nursing Facility	RCF
125	Resident's physician not available	8	0
126	Protective Service Agency	2	0
127	SSA, SSI, VA, and other benefits	16	1
128	Other	5	2
Q. Complaints About Services in Other Settings			
129	Home Care	0	0
130	Hospital or hospice	1	0
131	Public or other congregate housing	2	0
132	Services from outside provider	0	1
133	Other	6	0
	TOTAL COMPLAINTS	**6,973**	**440**

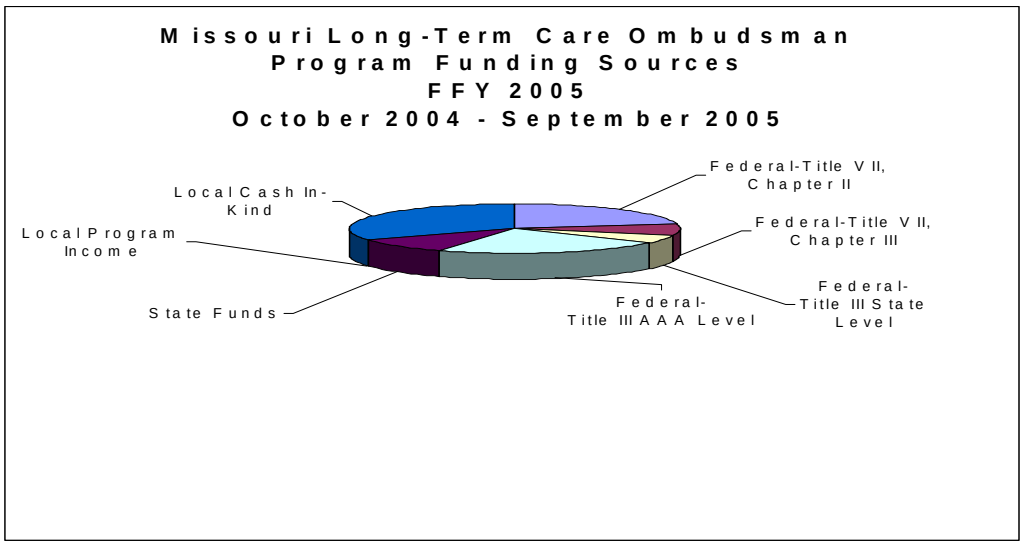
Action on Complaints	Nursing Facility	RCF
1. Disposition		
a. Legal	12	3
b. Not Resolved (to resident's satisfaction)	1,423	56
c. Permission Withheld (by resident)	243	13
d. Referred to other agency - no report	38	13
e. Referred to other agency	6	5
f. No action	127	18
g. Partially resolved (to resident's satisfaction)	763	98
h. Fully resolved (to resident's satisfaction)	4,361	234
Total:	**6,973**	**440**

TYPE OF FACILITY	NO. OF FACILITIES	NO. OF BEDS	CENSUS
Skilled Nursing Homes	498	54,377	39,946
Intermediary Care Facilities	41	2,411	1,650
Residential Care Facilities II	360	15,222	10,184
Residential Care Facilities I	270	6,302	4,008
Veterans Homes	7	1,350	N/A
	TOTAL	TOTAL	TOTAL
	1,176	79,662	55,788

*Dept. of Health & Senior Services: Section for Long-Term Care, September 2005

**Missouri Veterans Commission, March 2005

Ombudsman Program Funding



Missouri Long-Term Care Ombudsman Program Funding Sources			
Federal - Title VII, Chapter II	$282,832	32.58%	
Federal - Title VII, Chapter III	$102,387	11.79%	
Federal - Title III	$358,602	41.31%	
State Funds	$123,942	14.28%	
Local - Program Income	$330	0.04%	
Total Program Funding	**$868,093**	**100.00%**	
Local - Cash/in-kind (value of volunteer time)	$422,804		
Total Program Funding (with in-kind)	**$1,290,897**		

The Department of Health and Senior Services administers the federal and state funding that supports the Long-Term Ombudsman Program in Missouri.

*Approximately 72% of all funds are spent by the Area Agencies on Aging for operation of the 9 Regional Ombudsman Programs.

- **OAA -** Federal Older American's Act
- **Title VII -** Federal Vulnerable Elder Rights Protection Activities
  - **Chapter II -** Ombudsman Programs
  - **Chapter III -** Programs for Prevention of Elder Abuse, Neglect and Exploitation
- **Title III -** Federal Social Services (III-B) Funds for Ombudsman Activities

Changing the “We’ve always done it that way” Attitude

The LTC Ombudsman Program has for many years been involved in encouraging people to change the environment in long-term care facilities. This is not about the paint color or the furniture, but it is about the attitude of staff, the fixed schedules, and the thought that what’s good for one resident is good for all of them.

Over the past ten years, the LTCOP has helped introduce information to facility staff and other health care professionals regarding individualized, person-centered care. This philosophy of care, known as culture change, is a growing movement across the nation. There is now a national organization, the Pioneer Network, which is promoting change in the way services are delivered. There are many different concepts and versions of person-centered care that facilities across the country have adopted.

Unfortunately, many facilities in Missouri have not seen the need to change their current practices. Probably one of the most frustrating issues the LTCOP deals with is the continuous questions and complaints about residents’ preferences not being taken into account. There are many reasons this occurs. The most prevalent reason is the attitude by many staff that getting the task done is more important than doing it in a manner and at a time that the resident prefers. This attitude often results in staff not taking the time to treat residents with dignity and respect.

Change is needed.

The Missouri Coalition Celebrating Care Continuum Change (MC5) is working to bring about this change. The LTCOP is proud to be a part of this organization, and it encourages facilities, communities and individuals to join.

As Barbara Frank, former Connecticut State LTC Ombudsman said, “In order to change culture, we have to change the way we change.” The information and education is available. The difficulty is that every facility must forge their own path. Change is often difficult and met with resistance, but the time is long overdue to truly make long-term care facilities not only “home-like” but “home”.

Appendices

http://www.moga.state.mo.us/statutes/chapters/chap660.htm

Missouri Revised Statutes
Chapter 660
Department of Social Services

August 28, 2003

Missouri Statutes: Long-Term Care Ombudsman

Definitions.

660.600. As used in sections 660.600 to 660.608, the following terms mean:

(1) "Division", the division of aging of the department of social services;

(2) "Long-term care facility", any facility licensed pursuant to chapter 198, RSMo, and long-term care facilities connected with hospitals licensed pursuant to chapter 197, RSMo;

(3) "Office", the office of the state ombudsman for long-term care facility residents;

(4) "Ombudsman", the state ombudsman for long-term care facility residents;

(5) "Regional ombudsman coordinators", designated individuals working for, or under contract with, the area agencies on aging, and who are so designated by the area agency on aging and certified by the ombudsman as meeting the qualifications established by the division;

(6) "Resident", any person who is receiving care or treatment in a long-term care facility.

(L. 1991 H.B. 444 § 1)

* The statutes have not been corrected to reflect that the Long-Term Care Ombudsman Program is in the Department of Health and Senior Services.

Office of state ombudsman for long-term care facility residents created in department of health and senior services—purpose—powers and duties.

660.603. 1. There is hereby established within the department of health and senior services the "Office of State Ombudsman for Long-Term Care Facility Residents", for the purpose of helping to assure the adequacy of care received by residents of long-term care facilities and to improve the quality of life experienced by them, in accordance with the federal Older Americans Act, 42 U.S.C. 3001, et seq.

2. The office shall be administered by the state ombudsman, who shall devote his or her entire time to the duties of his or her position.

3. The office shall establish and implement procedures for receiving, processing, responding to, and resolving complaints made by or on behalf of residents of long-term care facilities relating to action, inaction, or decisions of providers, or their representatives, of long-term care services, of public agencies or of social service agencies, which may adversely affect the health, safety, welfare or rights of such residents.

4. The department shall establish and implement procedures for resolution of complaints. The ombudsman or representatives of the office shall have the authority to:

(1) Enter any long-term care facility and have access to residents of the facility at a reasonable time and in a reasonable manner. The ombudsman shall have access to review resident records, if given permission by the resident or the resident's legal guardian. Residents of the facility shall have the right to request, deny, or terminate visits with an ombudsman;

(2) Make the necessary inquiries and review such information and records as the ombudsman or representative of the office deems necessary to accomplish the objective of verifying these complaints.

5. The office shall acknowledge complaints, report its findings, make recommendations, gather and disseminate information and other material, and publicize its existence.

6. The ombudsman may recommend to the relevant governmental agency changes in the rules and regulations adopted or proposed by such governmental agency which do or may adversely affect the health, safety, welfare, or civil or human rights of any resident in a facility. The office shall analyze and monitor the development and implementation of federal, state and local laws, regulations and policies with respect to long-term care facilities and services in the state and shall recommend to the department changes in such laws, regulations and policies deemed by the office to be appropriate.

7. The office shall promote community contact and involvement with residents of facilities through the use of volunteers and volunteer programs directed by the regional ombudsman coordinators.

8. The office shall develop and establish by *regulation* of the department statewide policies and standards for implementing the activities of the ombudsman program, including the qualifications and the training of regional ombudsman coordinators and ombudsman volunteers.

9. The office shall develop and propose programs for use, training and coordination of volunteers in conjunction with the regional ombudsman coordinators and may:

(1) Establish and conduct recruitment programs for volunteers;

(2) Establish and conduct training seminars, meetings and other programs for volunteers; and

(3) Supply personnel, written materials and such other reasonable assistance, including publicizing their activities, as may be deemed necessary.

10. The regional ombudsman coordinators and ombudsman volunteers shall have the authority to report instances of abuse and neglect to the ombudsman hotline operated by the department.

11. If the regional ombudsman coordinator or volunteer finds that a nursing home administrator is not willing to work with the ombudsman program to resolve complaints, the state ombudsman shall be notified. The department shall establish procedures by rule in accordance with chapter 536, RSMo, for implementation of this subsection.

12. The office shall prepare and distribute to each facility written notices which set forth the address and telephone number of the office, a brief explanation of the function of the office, the procedure to follow in filing a complaint and other pertinent information.

13. The administrator of each facility shall ensure that such written notice is given to every resident or the resident's guardian upon admission to the facility and to every person already in residence, or to his guardian. The administrator shall also post such written notice in a conspicuous, public place in the facility in the number and manner set forth in the regulations adopted by the department.

14. The office shall inform residents, their guardians or their families of their rights and entitlements under state and federal laws and rules and regulations by means of the distribution of educational materials and group meetings.

(L. 1991 H.B. 444 § 2, A.L. 2003 S.B. 556 & 311)

Confidentiality of ombudsman's files and records, exceptions, violations, penalty.

660.605. 1. Any files maintained by the ombudsman program shall be disclosed only at the discretion of the ombudsman having authority over the disposition of such files, except that the identity of any complainant or resident of a long-term care facility shall not be disclosed by such ombudsman unless:

(1) Such complainant or resident, or the complainant's or resident's legal representative, consents in writing to such disclosure; or

(2) Such disclosure is required by court order.

2. Any representative of the office conducting or participating in any examination of a complaint who shall knowingly and willfully disclose to any person other than the office, or those authorized by the office to receive it, the name of any witness examined or any information obtained or given upon such examination, shall be guilty of a class A misdemeanor. However, the ombudsman conducting or participating in any examination of a complaint shall disclose the final result of the examination to the facility with the consent of the resident.

3. Any statement or communication made by the office relevant to a complaint received by, proceedings before or activities of the office and any complaint or information made or provided in good faith by any person, shall be absolutely privileged and such person shall be immune from suit.

4. The office shall not be required to testify in any court with respect to matters held to be confidential in this section except as the court may deem necessary to enforce the provisions of sections 660.600 to 660.608, or where otherwise required by court order.

(L. 1991 H.B. 444 § 3)

Immunity from liability for official duties for staff and volunteers—information furnished office, no reprisals against employees of facilities or residents, violations, penalty.

660.608. 1. Any regional coordinator or local program staff, whether an employee or an unpaid volunteer, shall be treated as a representative of the office. No representative of the office shall be held liable for good faith performance of his official duties under the provisions of sections 660.600 to 660.608 and shall be immune from suit for the good faith performance of such duties. Every representative of the office shall be considered a state employee under section 105.711, RSMo.

2. No reprisal or retaliatory action shall be taken against any resident or employee of a long-term care facility for any communication made or information given to the office. Any person who knowingly or willfully violates the provisions of this subsection shall be guilty of a class A misdemeanor. Any person who serves or served on a quality assessment and assurance committee required under 42 U.S.C. sec. 1396r(b)(1)(B) and 42 CFR sec. 483.75(r), or as amended, shall be immune from civil liability only for acts done directly as a member of such committee so long as the acts are performed in good faith, without malice and are required by the activities of such committee as defined in 42 CFR sec. 483.75(r).

(L. 1991 H.B. 444 § 4)

Missouri Long-Term Care Facility Resident Rights

(Condensed Version)

EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:

BE FULLY INFORMED

You should receive a copy of all rules and regulations pertaining to your rights and responsibilities as a resident. You should be informed in writing of all matters relating to you, including services and charges not covered by the government or by the facility's daily rate. You are also entitled to know: results of inspections and surveys of the home and violations or deficiencies found; licensure approvals and/or disapprovals and responses of the home; procedures for receiving emergency care at hospitals or being transferred to other care facilities; names and addresses of every owner of the home; regulations for using chemical or physical restraints; and persons with authority to order the restraints; and methods for obtaining copies of information from your file.

PARTICIPATE IN YOUR CARE

You have the right to know your medical condition and the options available for treatment. You may refuse any of the options.

CHOOSE YOUR OWN DOCTOR

You may continue to use your own doctor or select another who will be responsible for your total care. If you prefer, the facility will assign a doctor.

REMAIN IN THE FACILITY

You can be discharged only for medical reasons, nonpayment of a bill, or the threat of physical harm. You must be given written notice 30 days in advance of the transfer or discharge. This notice must tell you why you are being discharged and how you can appeal.

VOICE GRIEVANCES

You may voice concerns and problems, along with recommended changes, to facility staff or outside representatives. Owners and staff of facilities are prohibited by law from retaliating if you complain. You should speak with the director of nursing or the administrator of the home if you encounter problems requiring immediate action. For non-emergencies, speak to the resident council or an ombudsman.

MANAGE YOUR OWN FINANCES

Whether you hold your money or have the facility keep track of it, nobody can tell you how to spend your personal funds. The operator of the home can help you manage your financial affairs.

BE FREE FROM ABUSE AND RESTRAINT

You should not be subjected to physical, sexual or emotional harm. Chemical or physical restraints should not be imposed for purposes of discipline or staff convenience. Restraints are only to be used as treatment for medical symptoms.

CONFIDENTIALITY

Medical, personal, social or financial affairs should be considered privileged information.

HAVE PRIVACY AND RESPECT

You have the right to privacy in medical treatment, personal care, telephone and mail communications, visits of family and meetings of resident groups. You should be treated with consideration and respect, with full recognition of your dignity and individuality. You should not be required to do things against your will.

COMMUNICATE FREELY

You may privately associate and communicate with persons of your choice. You may send and receive unopened mail.

PARTICIPATE IN ACTIVITIES

You may participate in social and religious activities, both inside and outside the facility. The facility should not require you to perform any duties or services.

KEEP YOUR POSSESSIONS

You may retain your personal possessions as space permits. On a quarterly basis, you are entitled to receive an accounting for all your personal possessions or funds entrusted to the facility.

RETAIN MARITAL PRIVILEGES

You have the right to private visits with your spouse and may share a room with your spouse if you are both residents.

PURCHASE GOODS AND SERVICES

You should receive an itemized bill for all goods and services provided by the facility. You may purchase or rent goods or services not included in your daily or monthly rate.

Resources

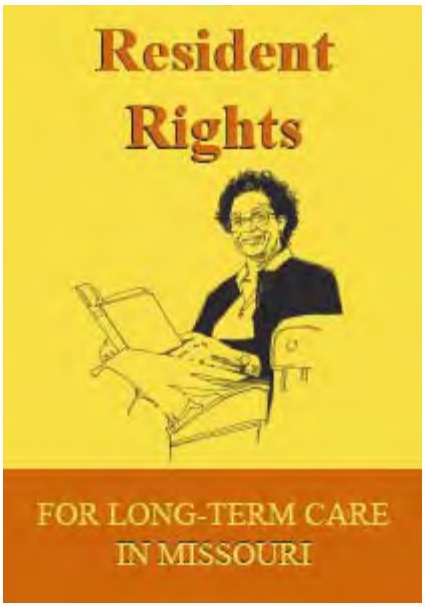
The Missouri Long-Term Care Ombudsman Program provides many resources to residents of long-term care facilities, their families, and facility staff. Information on Resident Rights, Selecting an Alzheimer's Special Care Unit, Loss and Theft in facilities, Abuse and Neglect, and many other topics are available.

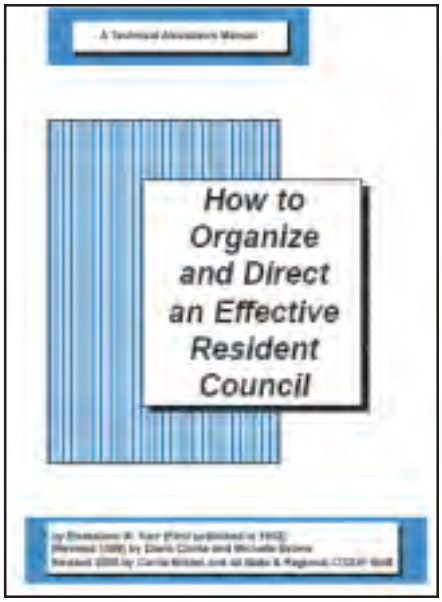
Information can be located on the web at:

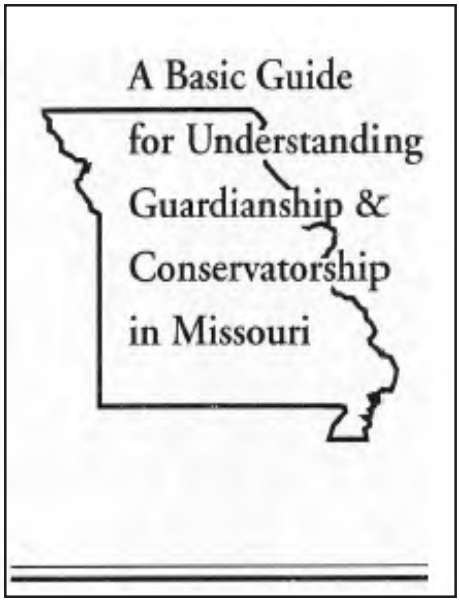
www.dhss.mo.gov/Ombudsman/

or call our Toll Free number:

1-800-309-3282







Missouri's Long-Term Care OMBUDSMAN Program

Loss & Theft

How to prevent it

and

What to do when it happens

in

long-term care facilities

OMBUDSMAN PROGRAM

Advocate for Residents

1-800-309-3282

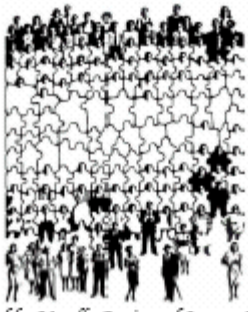
Guide to Selecting an Alzheimer's Special Care Unit

Special Care Units are in Long-Term Care Facilities and provide environments, programs, and staff specifically designed for the care needs of residents with Alzheimer's Disease.

Who What & Where of Medicare, Medicaid and Veterans Benefits in Missouri

The Missouri Department of Health and Senior Services provides this helpful guide to aid you in your search.

The Role Of The Social Worker In The Long-Term Care Facility



Edited by Novella Perrin and Joanne Polowy

Printed by the Missouri Long-Term Care Ombudsman Program
2004

Long-Term Care Ethics Case Consultation

Missouri's Long-Term Care Ombudsman Program

(573) 526-0727

1-800-309-3282

TDD: 1 (800) 735-2966

Voice: 1 (800) 735-2466

and

The Center for Practical Bioethics

(816) 221-1100

1-800-344-3829

Should *YOU* report resident abuse?

State law requires that all facility staff and related health care professionals* *MUST* report abuse and neglect if they believe a resident has been abused or neglected. Reporters are protected by law against retaliation. Failure to report abuse and neglect is a Class A Misdemeanor. All reports made to the hotline are handled confidentially and the reporter's name is kept confidential.

Elder & Disabled Adult Abuse Hotline Number:

1-800-392-0210

Abuse is the infliction of physical, sexual, or emotional injury or harm to a resident.

Neglect is the failure to provide services when such failure presents either an imminent danger to the health, safety, or welfare -OR- substantial probability that death or serious physical harm will result to a resident.

In addition to calling the above number, do you know your facility's abuse reporting procedure?

According to section 198.070.1 RSMo, others who must Report Abuse and Neglect are any adult day care worker; chiropractor; Christian Science practitioner; coroner; dentist; embalmer; employee of the departments of social services, mental health, or health and senior services; employee of a local area agency on aging or an organized area agency on aging program; funeral director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, operator, or employee; law enforcement officer; long-term care facility administrator or employee; medical examiner; medical resident or intern; mental health professional; minister; nurse; nurse practitioner; optometrist; other health practitioner; peace officer; pharmacist; physical therapist; physician; physician's assistant; podiatrist; probation or parole officer; psychologist; social worker; or other person with the care of a person sixty years of age or older or an eligible adult has reasonable cause to believe that a resident of a facility has been abused or neglected, he or she shall immediately report or cause a report to be made to the department.

1-800-309-3282 **AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER** services provided on a nondiscriminatory basis

3/2004 500

In situations of Abuse and Neglect, or Financial Exploitation, Please Call the Department of Health and Senior Services, Elder Abuse and Neglect Hotline: 1-800-392-0210

HOTLINE

SILENCE IS NOT GOLDEN

Report Abuse of Senior and Adults with Disabilities

Elder Abuse & Neglect Hotline

Available 24 hours

1-800-392-0210

TDD 1-800-669-8819